

Department of Housing and Community Development Emergency Housing and Assistance Program (EHAP)

REQUEST FOR DISBURSEMENT (RFD)

Mail completed forms to: Program Manager
Emergency Housing and Assistance Program
Department of Housing and Community Development
P.O. Box 952054
Sacramento, California 94252-2054

EHAP Agreement (Contract) # _____ -EHAP- **Check one:** Advance Request: _____
RFD: _____

Contractor Name: _____
(Exactly as it appears on your contract)

Contractor Mailing Address: _____
(As reported on Vendor Data Form which must be on file with the state)

Contract Effective Date: _____ Expiration Date: _____

RFD Preparer's Name: _____ Phone # _____ EXT _____

E-Mail address _____ Fax # _____

Expenditure Period: Starting Date: _____ Ending Date: _____
(Do not complete for Advance Request)

A. Amount of Request (rounded to nearest \$): \$ _____

B. This is an: Advance Request: _____ RFD: _____

Final RFD: _____ Expense Documentation Only: _____

We the undersigned do certify that costs and expenditures identified in this Request for Disbursement are accurate and that (except for a request for advance) all identified costs were incurred in performance of the above identified Agreement. Detailed supporting documentation verifying each expenditure is available and will be retained for five years after expiration of the Standard Agreement.

By: _____ **Date:** _____
(Contractor's Fiscal Officer's original signature)

By: _____ **Date:** _____
(Contractor's Executive Director's original signature)

HCD USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

The amount shown on this request is hereby approved for disbursement.

EHAP Contract Manager: _____ Date: _____

EHAP Program Manager: _____ Date: _____

To Accounting:

Please charge this request to: Index 2207

PCA/40063 \$ _____ PCA/40064 \$ _____ PCA/41260 \$ _____

EHAP Disbursement Officer: _____ Date: _____

Request for Disbursement or Advance Request (circle one). **Complete this page for all requests.**

Page 2

Contractor _____ Contract # _____ -EHAP- _____

EHAP DISBURSEMENT SUMMARY

(Round to nearest dollar)

Contract Activity	(1) Approved Grant Amount	(2) Amount Previously Disbursed	(3) Amount of this Request	(4) Total Requested & Previously Disbursed (2+3)	(5) Balance (1-4)
Acquisition					
On Site/New Construction					
Rehabilitation					
Equipment					
Lease					
Mortgage Payments					
Vouchers					
Residential Rental Assistance					
Operations					
Administration					
Total					

RFD or Expenditure Documentation (circle one). **Do not complete this page for an advance request.**

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Contractor _____ Contract# _____ -EHAP- _____

EHAP DISBURSEMENT EXPENDITURE DETAIL

Use this form to provide a detailed explanation of all incurred costs claimed in this Request for Disbursement, and/or to document expenditure of amounts previously advanced, if applicable. By contract activity (see page 2), describe the specific costs incurred, including the period covered (e.g., lease for July - October); your check number, date and total, and the amount of the cost for which you are requesting EHAP reimbursement (or used the advance).

[illegible]